

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible, it should be typed)

		(Note: Th	is rep	ort must	be de	ar and le	gible. It sho	uld be typed,			- Indianal and] j
ier Identification				rt Filed By		andidate		Committee			obbylst	
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umber		111-4	· · · · · · · · · · · · · · · · · · ·				. 1					
lame of Filing Comm	nittee, Can	ididate of	Ma	rtin	M.	Push	ChAK					
obbylst treet Address	<u></u>		90	28	Kuhl	Roa	d					
			MARTIN M. Pus 9038 Kuhl Roi State			tate	PA	Zip Code	16510)	_	
lty	ERie								<u></u>			
ype of Report (Place	x under r	eport type)				- : a T	c. no Day Back	7- Annual	Special 2 nd i	Friday	Special 30	Day
-6 th Tuesday 2- 2	rd Friday	3-30 Day Post	4-6th	Tuesday	5- 2 nd	· ' I .	6- 30 Day Post	1- Miller	Pre-Election		Post-Electi	on
	-Primary	Primary	Pre- E	lection	Pre- El	ection	Election ————					
								X				warm the leaves of the se
Date Of Election			Year				Amendment		Terminatio	n	\times	
MM/DD/YYYY)							Report	<u> </u>	Report		<u> </u>	
Summary of Recelp	te and	From Date	1	To Dat	e			For	Office Use Or	nly		
Summary of Receip	LS GIIG											
1-1-201		1-1-201			71/					Carl		
A. Amount Brought Forward From Last Report \$			0,	00		TOTER AND						
B. Total Monetary	Contributi	ons and Receipt	\$	50.	00							
(From Schedule I)	1- Lln		-+									
C. Total Funds Available			0.00									
(Sum of Lines A and B) D. Total Expenditures			\$ 995.67			17	## <u></u>					
(From Schedule III)				<i>-</i>								
E. Ending Cash Balance												
(Subtract Line D fro	om Line C				na celebrar de per e nome de estado de e	are an Hermanian Sales of Species				partie service service	4	·、>
F. Value of in-Kind (From Schedule II)	Contribut	IOU2 Keceiven		\$ 0	0.00					<u> </u>	<u>}</u> 6	ř /
G. Unpald Debts a	nd Obligat	ions		\$ 0	,00							
(From Schedule IV)			1.0		ffidavit Se	ction		<u> </u>			
Part 1- If this is a Cor	111 227	ort trascurer slor	here.	If this is a C		<u> </u>		re.	The second	and comple	ete	
Part 1- If this is a Cor I swear (or affirm) th	at this repo	rt, including the a	ttached	schedules	on pape				it true, correct a	SIIO COMPA		
Sworn to and subscri	bed before	me this					Montal	m. Pust	eld			
2011 day of 1	wend	20		1		-	Signat	ure of Person Su	bmitting report	t		
GOMMONWEALTH OF PENNSYLVANIA				NIA _	Mort M. Pushell Martin M. Pushell Printed Name							
Lavour y	enature	M	}; ⁴ R .	IAL SEA	Tr .			Finitedia	i di i i			
Carrie		Hiske, Notary Public ong Fwp, Erie County ssion expires December 06, 2019				814	_	897-9	820			
My Commission expires MO.					119	Area Code		Daytime Telepi	none wum	bei		
		My commiss	ion exp	nes Decem	andidate	shall clan	here.					UO 535
Part II- If this is a re	port of a Ca	ndidate's Author	zed Col	nmittee, C belief this	political	committe	has not violate	d any provisions	of the Act of Ju	ine 3, 193	7 (P.L. 1333,	NO.320
I swear (or affirm) t amended.	nat to the b	est of 1134 kilowset			-							
apricinocu.		sh.l.		,								
1	ribed befor	e me this										
Sworn to and subsc	day of20					•	Signature of Candidate					
		20										
		20		:		-		Printed Na	nne			
day of	Signature	20		•	•	•		Printed Na	ame			
day of	Signature			•			Area Code		nne Daytime Telepl	hone Num	ber	

SCHEDULE III Statement of Expenditures

Filer Identification Number:		
TOUGHT THE THE TENT OF THE TOTAL STREET THE		

		Date MM/DD/YYYY \$
To Whom Pald	Desantis Signs Inc.	10 24 2017 249,90
		Description of Expenditure
House # 540	Street Address West 187 STreet	
City ERIC	State 2 Zip 1/(Co.)	YARD SIGNS
To Whom Paid	New Part Value 1 manuary	Date[MM/DD/YYYY] \$ 319.02
	Staples	101301201/
House#	Street Address // + N	Description of Expenditure
1924	C+e+a ZID	0 +
City ERI	e PA Code 16509	Postcards
To Whom Paid		Date [MM/DD/YYYY] \$ 408.00
	USPS	Description of Expenditure
House # 271	Street Address LEGION ROAD	
City ER	State 2ip	Stamps
To Whom Paid	William Control of the Control of th	Date [MM/DD/YYYY] \$ 18.75
10 Whomean	WALMART	10/20/2017 18851
House#	Street Address 4 CO . C	Description of Expenditure
ew l	State 0.0 Zip	Labels
To Whom Paid	porcreek PH Code 16421	Date [MM/DD/YYYY] \$
		Description of Expenditure
House #	Street Address	
City	State Zip	
	Códe	Date (MM/DD/WYYY) \$
To Whom Paid		
House#	Street Address	Description of Expenditure
nouse#		
City	State Code	
To Whom Pale	Material	Date [MM/DD/YYYY] S
		Description of Expenditure
House #	Street Address	
City	State Zip	
	Code	Date MM/DD/YYYYI
To Whom Pai	d	10 mg mg mg 1 1 mg 10 mg
	Street Address	Description of Expenditure
House#		
City	State Zip Code	
Salastada)	E8/439me S	<u> </u>